KENTUCKY BOARD OF MEDICAL LICENSURE

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GOVERNOR

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October 6, 2025

Senator Stephen West, Co-Chair
Representative Derek Lewis, Co-Chair
Legislative Research Commission
083, Capitol Annex
702 Capitol Avenue
Frankfort, KY 40601

RE: 201 KAR 9:270. Professional standards for prescribing, dispensing, or administering Buprenorphine-Mono-Product or Buprenorphine-Combined-with Naloxone.

Dear Co-Chairs:

After consideration of the issues raised by 201 KAR 9:270, the Kentucky Board of Medical Licensure proposes the attached agency amendment to this regulation.

Sincerely,

Leanne K. Diakov
General Counsel
Kentucky Board of Medical Licensure
310 Whittington Parkway, Suite 1B
Louisville, Kentucky 40222

Agency Amendment
(ARRS – October 2025)

Kentucky Board of Medical Licensure

201 KAR 9:270. Professional standards for prescribing, dispensing, or administering Buprenorphine-Mono-Product or Buprenorphine-Combined-with-Naloxone.

Page 5
Section 3(2)(b)
Line 18

After "naloxone;", delete "or".

Page 5
Section 3(2)(c)
Line 21

After "facilities", insert the following:

; or
(d) To a patient transitioning from a full opioid agonist to buprenorphine, limited to a period of no longer than thirty (30) days.

Page 13
Section 3(4)(e)5.c.
Line 2

After "the American Board of Addiction Medicine", insert the following:

the American Board of Preventative Medicine in addiction medicine,

FISCAL IMPACT STATEMENT

201 KAR 9:270 (No changes with agency amendment)
Contact Person: Leanne K. Diakov
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Email: leanne.diakov@ky.gov

(1) Identify each state statute, federal statute, or federal regulation that requires or authorizes the action taken by the administrative regulation: KRS 218A.205(3)(a) and (b), 311.565(1)(a) and 311.842(1)(b).

(2) State whether this administrative regulation is expressly authorized by an act of the General Assembly, and if so, identify the act: HB 1 (2013)

(3)(a) Identify the promulgating agency and any other affected state units, parts, or divisions: Kentucky Board of Medical Licensure

(b) Estimate the following for each affected state unit, part, or division identified in (3)(a):

1. Expenditures:
   For the first year: None
   For subsequent years: None
2. Revenues:
   For the first year: None
   For subsequent years: None
3. Cost Savings:
   For the first year: None
   For subsequent years: None

(4)(a) Identify affected local entities (for example: cities, counties, fire departments, school districts): None

(b) Estimate the following for each affected local entity identified in (4)(a):

1. Expenditures:
   For the first year: None
   For subsequent years: None
2. Revenues:
   For the first year: None
   For subsequent years: None
3. Cost Savings:
   For the first year: None
   For subsequent years: None

(5)(a) Identify any affected regulated entities not listed in (3)(a) or (4)(a): Physicians (MD/DOs) and Physician Assistants (PAs)

(b) Estimate the following for each regulated entity identified in (5)(a):

1. Expenditures:
   For the first year: None
   For subsequent years: None
2. Revenues:
   For the first year: None
   For subsequent years: None
3. Cost Savings:
   For the first year: None
   For subsequent years: None

(6) Provide a narrative to explain the following for each entity identified in (3)(a), (4)(a), and (5)(a):

(a) Fiscal impact of this administrative regulation: The amendment of this administrative regulation will not have a major fiscal impact on state or local government or regulated entities.

(b) Methodology and resources used to reach this conclusion: N/A

(7) Explain, as it relates to the entities identified in (3)(a), (4)(a), and (5)(a):

(a) Whether this administrative regulation will have a "major economic impact", as defined by KRS 13A.010(13): The amendment of this administrative regulation will not have a major fiscal impact on state or local government or regulated entities.

(b) The methodology and resources used to reach this conclusion: N/A

Summary of Agency Amendment

After receiving additional comments in a Joint Statement from the American Society of Addiction Medicine and various co-signing organizations on September 4, 2025, the Board has determined that further amendment is appropriate for the following reasons:

- ASAM and co-signing organizations point out that the proposed amendments to the regulation do not reflect that physicians may prescribe Buprenorphine-Mono-Product to patients transitioning from full opioid agonists for a period of up to thirty (30) days. In response, the Board reviewed the comment and regulation and found that this was inadvertently omitted from the submitted proposed amendments. An amendment is offered at Page 5, Line 22, to read:

  > "(d) To a patient transitioning from a full opioid agonist [~~methadone~~] to buprenorphine, limited to a period of no longer than thirty (30) days [~~one week~~]."

- In addition, ASAM and co-signing organizations recommended that physicians certified by the American Board of Preventive Medicine in addiction medicine be included among those qualified to provide specialty consult for patients prescribed more than 16mgs every 12 months, because they are recognized as qualified for specialty consults in other parts of the regulation. The Board agrees and accordingly offers an amendment at Page 13, Line 2, to read:

  > "... the American Board of Addiction Medicine, the American Board of Preventative Medicine in addiction medicine, the American Board of ....."